DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PoC accepted 2/6/09 B. Cavanaugh Letter sent.

PRINTED: 01/20/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295044	A. BUILDING _____ B. WING _____	C 01/13/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE OF NORTHERN NEVADA	1950 BARING BLVD SPARKS, NV 89434

RECEIVED
FEB 02 2009
BUREAU OF LICENSURE & CERTIFICATION CARSON CITY, NEVADA

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on 1/13/09. Complaint #NV00020600 was substantiated. (See F309) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Hearthstone of Northern Nevada agrees with the allegations and citations listed on the statement of deficiencies Hearthstone of Northern Nevada maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate Hearthstone of Northern Nevada's written credible allegation of compliance. By submitting this plan of correction, Hearthstone of Northern Nevada does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Hearthstone of Northern Nevada reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
F 309 SS=G	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to follow a physician's order to reduce the dosage of a medication resulting in hospitalization of one resident. Findings include: Resident #1 was admitted to the facility on 12/11/08 with diagnoses including status post percutaneous drainage of abdominal abscess, history of cirrhosis, edema, debility, pain and nausea.	F 309	F 309 QUALITY OF CARE Resident # 1 is no longer a resident at the facility. On 1/16/09 the Director of Nursing completed an audit of residents on Fentanyl patches and MAR transcriptions to ensure accuracy of administration. Pain assessments and pain flow sheets of these residents were also reviewed by the DON.	1/29/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 29 Jan 09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 The resident was admitted for strengthening with occupational and physical therapy. The resident's medications were Augmentin 500 milligrams (mg) twice per day for 10 days, Lasix 40 mg per day, potassium chloride 20 milliequivalents (meq) per day, Nystatin 5 cubic centimeters (cc) swish and swallow 4 times per day for 7 days, Fentanyl patch 50 micrograms (mcg) change every 72 hrs., Pepcid 20 mg twice per day, Phenergan 25 mg every 6 hrs. as needed for nausea, and Indocin 50 mg twice per day. On 12/21/08 the resident had a large emesis of dark green liquid. The resident was given Phenergan for nausea. At about midnight on 12/24/08 the resident had another emesis and again was given Phenergan for nausea. On 12/24/08 in the morning the nursing notes indicated the resident exhibited lethargy, increased confusion, and the physician's assistant ordered the Fentanyl patch discontinued and the resident transported to the hospital for evaluation. A review of the orders revealed an order for the Fentanyl patch to be decreased to 25 mcg on 12/23/08. The medication administration sheets revealed the Fentanyl patch remained at 50 mcg from admission until transfer to the emergency room on 12/24/08. The assistant director of nurses (ADON) was interviewed on 1/13/09 at 10:50 AM. The ADON indicated according to the pharmacist an order for a change in dosage of a Fentanyl patch should be implemented immediately as with any change in a medication order.	F 309	On 1/19/09 the Director of Nursing and Staff Development Co-ordinator re-inserviced the licensed staff on transcribing orders properly and administering medications properly especially the technique of Fentanyl patch administration. Per policy – once an order is received, the old patch is removed and changed immediately A second nurse will initial and verify this was completed, as ordered. Beginning 1/19/09, the DON, or her designee, will audit Fentanyl patches weekly times four, then randomly thereafter. Audit results will be reported to the facility's Performance Improvement Committee for their input and direction.	

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F 309	Continued From page 2 A review of the emergency room record revealed the resident was diagnosed with a narcotic oversedation. The resident was given 0.4 mg of Narcan intravenously and the sedation resolved. The resident was admitted to the hospital and was found to have a mild ileus and pleural effusion.	F 309		